

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>98</u>	
County of <u>Gila</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar's No. <u>292</u>
District of _____			Local Registrar's No. _____
Town of <u>Mesa</u>			
City of _____ (No. _____ St. _____ Ward _____)			
FULL NAME OF CHILD <u>Julia Florine Harris</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<u>NO</u>
Sex of Child <u>Female</u>	Triplet or other _____	and	Number in order of birth <u>4</u>
Legitimate? <u>Yes</u>	Date of Birth <u>July - 4 - 1922</u>	Month	Day
FATHER		MOTHER	
Full Name <u>Perry Calvin Harris</u>		Full Maiden Name <u>Mabel Laird</u>	
Residence <u>Mesa Ariz</u>		Residence <u>Mesa Ariz</u>	
Color or Race <u>White</u>	Age at last Birthday <u>29</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>30</u> Years
Birthplace <u>Texas</u>		Birthplace <u>Alabama</u>	
Occupation <u>Teamster</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>4</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>July - 4 - 1922</u> at <u>2 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>T. H. Slaughter</u>	
Given or Christian name added from a supplemental report. _____ 191__		Address <u>Mesa Ariz</u>	
182-704-434		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed July 27 1922
 A True Copy
 Filed 8 1922
 B. G. G. J. J.